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Chaplain's Ministry To Drug Abusers

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TABLE OF CONTENTS

I. Introduction	page ii
II. Chaplain's Ministry to Drug Abusers	1 - 9
III. Chaplain's Guidelines	10 -11
IV. Appendix, A Bibliography, Motion Pictures 10- 15 and Resource Agencies.	

I INTRODUCTION

In the first part of this paper I shall discuss some aspects of the Christian chaplain's role as a minister to drug abusers. In the second part I shall formulate some guidelines which will assist me, and hopefully other chaplains, in future work with drug abusers. Finally, I shall include in appendix "A" a bibliography of current literature on the problem of drug abuse, a list of films that are available to chaplains and the names and addresses of some of the agencies that are working to rehabilitate drug abusers.

The views that I express in this paper are influenced by current literature, other chaplains, social workers, medical personnel, Sociology 401 and personal experience.

In this paper I shall adopt the definitions of Dr. Howard J. Clinebell for drug abuse and the proper use of drugs as the definition that best expresses my opinion about the two terms. Drug abuse is: "any use of drugs which contributes to the harming of persons physically, psychologically, spiritually, or in their relationships." and the proper use of drugs as: "any use of drugs is right which contributes to the welfare, strengthening, and growth of persons toward fulfilling of their God-given potentialities." ¹

¹ Clinebell, Howard J., The Pastor and Drug Dependency, (New York: Council Press, 1968), p. 10.

II. CHAPLAIN'S MINISTRY TO DRUG ABUSERS

For the past few years military authorities have recognized that the drug problem in the Armed Forces can no longer be dealt with only on paper or in theory but that it is a real wide-spread here and now problem that cuts across job and rank structure, one that must be dealt with by all members of the military command. The chaplain should be knowledgeable about this subject and take the necessary steps to prepare himself to minister to those in need.

As a member of the commander's special staff and the one who is primarily responsible for matters of religion, morals, and morale as effected by religion, the chaplain has a key role in establishing and promoting drug education and rehabilitation programs in the command. In order for the chaplain to fulfill this responsibility he should coordinate his efforts very closely with his unit commander and other agencies in the military community that are also working with drug abusers. One of the major benefits of close coordination is that it promotes a strong unified program and eliminates duplication of effort and waste of resources. It is also important for the chaplain to establish a rapport with members of other professional teams and to make maximum use of the referral process. The chaplain should be aware that drug abuse is a very complex problem that touches many aspects of an individ-

ual's life. However, the chaplain should not feel that it is necessary to automatically refer all drug dependent counselees to other agencies just because they present a complex problem. In some situations the chaplain may be able to provide all the assistance that is needed. The alert chaplain is aware that there is no single approach that will work in every case. He realizes that he brings a wealth of training, experience and a rich heritage into the counseling situation. As a representative of his particular church, and of God to man, he is often seen as the primary source of help for the drug abuser.

In many ways the drug abuser's problems are similar to a lot of the other counseling situations that the chaplain faces daily. For the minister in uniform, the primary concern is that of reaching out to those who are suffering, regardless of the presenting problem. It is more than just a fight against an "ugly mess" that threatens the tranquility of the military community. It is more than just a concern about a "drug problem" which looks bad on the unit's charts. The chaplain is concerned because individuals, who are suffering and in need of help, are involved. For the minister or priest in the military the desire to help should always be the same whether the problem at hand is financial, marital, spiritual or a drug problem.

The chaplain's motto is: "Bring God to man, and man to God." His sole authorization for being on active duty, or in a reserve unit, is based on his ordination and ecclesiastical endorsement by a particular church or denomination. The uniqueness of the

chaplain's role is that he is a spiritual leader to the men that he serves and not that he is a staff officer or even a counselor. In dealing with the drug dependent person the chaplain should not attempt to merely be another junior psychiatrist or social worker but should accentuate the positive aspects of his role as a spiritual leader. The chaplain may not spend as much of his time in the traditional priestly role of administering the Sacraments or proclaiming the Word to drug abusers as he does in counseling, but he is counseling as a clergyman and not just as a staff officer.

There are several aspects of counseling that are basic to most of the problems that the chaplain encounters and certainly to the drug problem. Some of these are acceptance, forgiveness, concern, desire to help, hope, trust and love for ones fellowman. These factors should be conveyed to the counselee, by the Christian chaplain, in a setting empowered by positive faith in the message of love, as the source of spiritual strength that is available to all men. At the same time, it is also important to remember that in keeping with the principle of acceptance, a person is never rejected just because he feels that the answer to his problem is outside the spiritual realm. The chaplain should let the individual know that someone does care what happens to him. Counseling session should be more than mere attempts to convert the abuser to a religious commitment. The drug abuser needs to get the message that the chaplain desires to aid him in seeking a non-drug way of life.

It is very important for the chaplain to convey the idea that he is reaching out, not down, to help the drug abuser in his time of need. The chaplain must let him know that none are perfect and that everyone needs help from someone else sometime in their lives. Condemning and "preaching" will accomplish very little during these encounters. The drug abuser probably already has a very poor image of himself. This is not the time for the chaplain to reinforce these feelings by using hard core tactics and coming across to the counselee more as a punitive member of the establishment than as a minister who is trying to reach out to someone in need. It is important for the chaplain to establish rapport with the counselee and communicate a sense of personal concern, which will tend to hide the chaplain's rank and accentuate his willingness to listen, accept, forgive and to share with someone in need.

It is only natural that the chaplain, by nature of his vocation, should place the problem of drug abuse in a theological context. This approach allows him to make a distinct contribution, along with the contributions made by medically and psychologically trained personnel.² From the theological view there is the belief that every person has an inherent value in the sight of God and anything which damages the full development of an individual's personality is wrong. Drug abuse bloces the normal development of personhood and is a deterrent to man's

2 Ibid., p. 12.

interplay with his neighbor and with God. It tends to distort reality and undermine the theological affirmation of the goodness of the handiwork of the Creator.

The chaplain is aware that excessive use of most any chemical will lead to some type of physical damage. Some examples of these are: that alcohol produces liver damages and malnutrition, that nicotine abuse is associated with lung cancer, that cholesterol brings on hardening of the arteries. As a minister of God's love the chaplain should attempt to relate the importance of a man taking proper care of his body. It is a gift, a trust to be used as a means of sharing love from one person to another, a temple for the rational, emotional and spiritual attributes of man. The drug free person has a chance to participate in the sharing and developing process, in the goodness of creation without a synthetic bridge or crutch.

It is the chaplains responsibility to aid those in need to realistically accepting life, with it's good and bad, realizing that real life is not often filled with rose-colored gardens where people "live happy ever-afterwards." When an individual faces the struggles, hard-knocks, disappointments of daily living without the aid of drugs, personal confidence and strength is gained for future trials. If a chemical bridge is constructed to span these problems then the synthetic crutch becomes a cop-out which seems to be self perpetuating.

Some critics have argued that Christianity, or a Christian

commitment, is just another substitute that a person exchanges for their drug problem. According to this interpretation, all an individual does is exchange the crutch of drugs for a second crutch of religion, which is more acceptable to society. The objection is that man's reason for the problem is not confronted in either situation. However, Christianity does not claim that a person who follows the teachings of Christ will be free from life's difficult problems. It does not claim immunity for a believer, from suffering, fear, pain, loneliness, sickness or even death. The life of Christ was filled with many of these same difficulties. But one of the basic concepts of the Christian Faith is that none of these problems separate an individual from the source of strength, faith, hope and love that is available to those that put their trust in Christ. As an individual accepts this source of spiritual strength he receives the ability to accept, forgive and love himself and his neighbor. Actually, through this understanding of Christianity, man is not dropping out from the problems of life by the crutch of a Christian commitment, rather, he is finding a source of spiritual strength to face his problems and as a results he is able to have faith, hope and confidence in himself, his neighbor and God.

It is only after an individual realistically faces his own struggles, weaknesses and shortcomings that he can accept these in his fellowman and that there can be real forgiveness. For the Christian, life is a gift and a trust to be lived to its

fullest in the rule of love. Damaging ones body, the instrument of loving service to others, is incompatible with the stewardship of life, respect for self and others, or affirmation of the basic goodness of creation.³

Drug dependency distorts those factors in man which are considered most distinctively human, they are: rationality, awareness, and ethical sensitivity. In theological circles these characteristics are called the "image of God" in man. Drug abuse disrupts normal relationships between people and replaces them with synthetic relationships, which cannot sustain the trust integrity, self esteem, cooperation, affection and awareness that are vital to the idea of life esteemed by Christian values and insight.⁴

The chaplain should be aware of some of the claims attributed to the use of drugs as an aid to a deeper religious experience. Some people contend drugs provide a media for breaking through man's physical restrictions and allow him to enter a spiritual realm of mind expanding experiences. A valid question to ask about this type of experience is: "What kind of fruits do these experiences produce in an individual's life?" An additional valid question would be: "Do they produce love, joy, under-

³ Preparing to Minister to the Drug Dependent Person,
U.S. Army Chaplain's Board, (Fort Meade Maryland: 1971)

⁴ Ibid., p 7

standing, concern for other?" According to Tillich: "Drugs appear able to induce religious experiences; it is less evident that they can produce lives... religion is more than experiences."⁵

Any addiction is a form of idolatry. For many, drugs is their god, their ultimate concern. For the strung-out herion addict, herion is more important than food, health, sex, friendship, or ethical convictions. It becomes the addict's reason for living. Needless to say, no chemical should have that type of control over a man's life. But once addicted he needs someone who is willing to lend a helping hand and assist him in finding a non-drug way of life. Hopefully, the knowledgeable Christian chaplain will be in a position to give this needed assistance to those who face a drug problem in his unit.

In summary, it is the chaplain's responsibility to stay informed concerning the drug scene in the military. He should work very close with his unit commander and other professional teams in order to be a valuable member of military's drug rehabilitation program. As the unit's spiritual leader the chaplain is in a position to keep his commander informed about the moral and spiritual implications of drug abuse. While the chaplain believes that spiritual assistance is available to all drug abusers, he should be the first to realize that all drug dependent personnel do not feel that approach will help them. In these cases the chaplain still shows the same attitude of concern and recommends

5 Ibid., p. 9.

alternate ways of assisting the individual as well as referring him to other professional agencies that work with drug dependent personnel. Since the chaplain is the first person in the therapy team that many of the drug abusers will see, referrals are very important in his work with drug dependent personnel.

III. CHAPLAIN'S GUIDELINES FOR WORK WITH DRUG ABUSERS

A.

EDUCATION

1. Have knowledge of Department of the Army Circular 600-85, which governs drug abuse and rehabilitation.
2. Be acquainted with state law, (are drug abusers considered sick or criminals?)
3. Find out what programs have been established on post.
4. What is being done in the local community? (Is there a coordinating committee to coordinate the work of the different agencies?)
5. Seek to learn from those that have different opinions about the benefits and dangers of drugs.
6. Collect resource information.
 - 1) Bibliography of informative books.
 - 2) Pamphlets and hand-outs available for distribution.
 - 3) Films.
 - 4) Speakers, (use rehabilitated users if possible.

B.

WORKING WITH ABUSERS

1. Be concerned about persons health.
 - 1) Is there a need for immediate medical attention? Detoxification?
 - 2) How is the persons physical appearance?
2. Assist needy individuals by contacting medical personnel, provide transportation .
3. What is abusers attitude?
 - 1) Does he want help?
 - 2) Was he sent to see chaplain? Own decision?
 - 3) Does he seem desperate?
4. Allow counselee to ventilate his feelings.

5. Do not stereotype drug abusers.
 - a. He is a person not an abuser.
 - b. What works for one may not work for another.
6. Recognize your limitations, know when to refer.
7. Use counseling techniques suited for individual.
 - a. Establish rapport
 - b. Accept individual as person of value.
 - c. Communicate forgiveness and trust.

C. RECOGNIZE THE COMPLEXITY OF THE PROBLEM

1. Psychological
2. Physiological
3. Social
4. Legal
5. Moral and ethical
6. Spiritual
7. Chemical

D. SOME COMMON INFLUENCING FACTORS

1. Boredom
2. Lonliness
3. Drug orineted society
4. Peer group pressure
5. Disappointments
6. Personal enjoyment
7. Curiosity
8. Escape, cop-out

E. SEEK SOCIAL ACTION THAT CHANGES SOME OF THE INFLUENCING FACTORS

1. Establish a unit drug committee
2. Review the religious, atheletic and social program.
3. What changes are the military personnel asking for?

F.

ESTABLISH EDUCATION PROGRAMS

1. Topic for Duty Day With God, or religious retreats.
2. Submit articles for publication in post paper.
3. Discuss in sermons.
4. Plan group counseling sessions with users and rehabilitated users.
 - 1) Discussion ideas; Who has ultimate responsibility? Individual, Family, Society?
 - 2) How should programs be financed?

IV. APPENDIX A

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17. Resource Book for Drug Abuse Education. Chevy Chase, Maryland: U.S. Government Printing, 1969.
18. Wilkerson, David, The Cross and the Switchblade. New York: Random House, 1963.

MOTION PICTURES

1. The Hang Up. A dramatic presentation of the harmful effects of drug abuse. Produced by the Office of Special Investigation, U.S. Air Force. Discusses the moral, physical, psychological and legal consequences.
2. Trip to Where. Describes the effects of LSD. Produced by the Medical Branch, Department of the Navy.
3. Marijuana. Question and answers by several young persons telling why they use or do not use marijuana.
4. Trip Back. Florence Fisher tells her story of 24 years of addiction.
5. People vs Pot. Explores the causes and effects of the use of marijuana with special emphasis placed on the military setting.
6. Youth and the Drug Scene. Relates how a young man found the answer for his drug problem in religion.
7. Darkness, Darkness. On the scene action of drug abusers. Nolan Welton Woolten, 378 Waverly Ave. Palo Alto, California.
8. The Mind Benders. Show the effects of LSD and other hallucinogens. National Medical Audio-Visual Center Annex Chamblee, Georgia. 30005
9. FDA Special Report. Interviews with drug abusers. National Medical Audio-Visual Center Annex Chamblee, Georgia 30005

10. Hooked. Show how drugs work on the nervous system, Washington State Department of Health. Public Health Building Olympia, Washington, 98501

The above films, 1-6, are in the military film library, 6-10, may be ordered from address given.

AGENCIES

1. Bureau of Health Services, U.S. Public Health Service
7915 Eastern Ave. Silver Springs, Maryland.
2. National Institute of Mental Health, 5454 Wisconsin Ave.
Chevy Chase, Maryland. 20203
3. Division of Medical Science, National Research Council
Washington, D.C. 20418.
4. Information Center on Crime and Delinquency, 44 East Street,
New York, New York. 10010
5. American Medical Association, 535 North Dearborn Street,
Chicago, Illinois.
6. National Clearinghouse for Drug Abuse Information, 5454
Wisconsin Ave. Chevy Chase, Maryland. 20015